

219959

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Class C
Stretcher Van Charter
from
L.H. Transportation Services, Inc
dba DocRide and Grand Strand
Shuttle

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2009 - 461 - 7

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: LAWRENCE HSKO

Telephone: 843 236 2500

Address: 368-A JESSE ST

Fax: 843 236 2505

MYRTLE BEACH, SC 29579

Other: 908 804 5123 cell

Email: mbfunding@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input checked="" type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - STRETCHER VAN

Date: 10/28/09

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

L. H. Transportation Services, Inc

368-A JESSE STREET MYRTLE BEACH, SC 29579

Street Address of Applicant

655 PAMUNCO CT., MYRTLE BEACH, SC 29588

Mailing Address of Applicant if different from street address

(843) 236-2500

Phone

(843) 236-2505

Fax

mbfunding@ yahoo.com

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business

☒ Corporation - List names and addresses of two principal officers.

LAWRENCE HSKO, OWNER 100% / PRESIDENT

655 PAMUNCO CT

MYRTLE BEACH, SC 29588

dha DocRide : Grand Strand Hwy

RECEIVED

PSC SC
DOCKETING DEPT.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month OCTOBER Year 2009

Assets:

Cash	23,000
Receivables	39,000
Real Estate	NONE
Buildings and Equipment (Net)	11,000
Motor Vehicles (Net)	72,000
Garage Equipment (Net)	NONE
Machinery and Tools (Net)	NONE
Supplies on Hand	1,500
Prepays and Other Assets	5,600
Total Assets	152,100
<u>Liabilities and Equity:</u>	
Accounts Payable	950/mo
Notes Payable	56,000
Mortgages Payable	NONE
Equipment Obligations	NONE
Accrued Salaries and Wages	NONE
Other Accrued Obligations	NONE
Other Liabilities	1,600 / mo
Total Liabilities	58,550
Capital Stock	1,000
Retained Earnings	
Total Equity	59,550
Total Liabilities and Equity	211,650

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Rates and Charges for Service are as follows:

\$ 75 (per Leg) Load, plus \$ 2.80 / mi
wait time \$ 26 / hr.
minimum trip (ea leg) \$ 40

Counties to be Served:

State of South Carolina

INSURANCE QUOTE

This form ~~Must be~~ COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE.

The following insurance quote is for:

National Casualty Company
Name of Motor Carrier

Address of Motor Carrier

Amount of Insurance

Liability Insurance: \$3800 3135.1

The above premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Liability	Each Occurrence	Carried Limits Quoted
Liability	\$ 1,000,000	1,000,000. CGL
Medical	\$ 1,000	5,000.

National Casualty Company
Name of Insurance Company

1 Nationwide Plaza Columbus OH 43215
Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

10/28/09

John D. - Agent
Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

Exhibit FWA

L.H. TRANSPORTATION SERVICES, INC dba DoRide and
Name GrandStrand Shuttle

U.S.D.O.T No.

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes

☒ No

☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory

☐ Conditional

☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes

☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

4. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

Exhibit on Driver and Assistant Driver Qualifications

1. Applicant has read and understands Commission Regulation 103-133(8).

☒ Yes ☐ No

2. Applicant has on file a certified copy of the driver's and assistant driver's three (3) year driving records issued by the SC DMV and such records from the DMV of the state in which the driver or the assistant driver is or has been domiciled for such period.

☒ Yes ☐ No

3. Applicant has obtained and retained the criminal history background checks from the state where the driver and assistant driver live.

☒ Yes ☐ No

4. Applicant understands that all drivers and assistant drivers must have in their possession at the time of such operation valid drivers' licenses issued by the SC DMV or the current state of residence of the driver or assistant driver.

☒ Yes ☐ No

5. Applicant understands that all stretcher van certificate holders are prohibited from employing drivers and assistant drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes ☐ No

6. Applicant understands that all stretcher van drivers and assistant drivers must possess a current Red Cross First Aid certification or an American Safety and Health Institute certification, or certification from a program that meets or exceeds the certification standards of the Red Cross First Aid or the American Safety and Health Institute, and Adult Cardiopulmonary Resuscitation (CPR) certification.

☒ Yes ☐ No

7. Applicant understands that the driver's and assistant driver's Red Cross First Aid certification must be renewed every three (3) years and the Adult CPR certification must be renewed annually.

☒ Yes ☐ No

8. Applicant understands that an individual must not be transported in a stretcher van if the individual has a written statement from a licensed physician prohibiting transportation in a stretcher van.

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF _____

Lawrence Hisko

Applicant's Signature

I, LAWRENCE HISCO

Name of Applicant's Representative

PRESIDENT

Title

of L.H. TRANSPORTATION SERVICES, INC. DBA DOCRIDE AND

Applicant

GRAND STRAND SHUTTLE

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Lawrence Hisko

Signature of Applicant's Representative

SWORN TO BEFORE ME

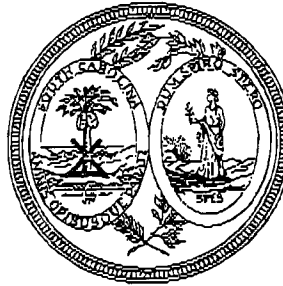
This 28 day of October, 2009

[Signature]

Notary Public

Commission Expires 08/16/2016

The State of South Carolina



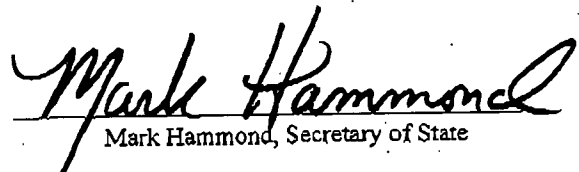
Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

L.H. TRANSPORTATION SERVICES, INC.,
a corporation duly organized under the laws of the State of South Carolina on July 27th, 2009, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
28th day of July, 2009.


Mark Hammond, Secretary of State

Note: This certificate does not contain any representation concerning fees or taxes owed by the Corporation to the South Carolina Tax Commission or whether the Corporation has filed the annual reports with the Tax Commission. If it is important to know whether the Corporation has paid all taxes due to the State of South Carolina, and has filed the annual reports, a certificate of compliance must be obtained from the Tax Commission.

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

JUL 27 2009

ARTICLES OF INCORPORATION
FOR A
STATUTORY CLOSE CORPORATION

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

TYPE OR PRINT CLEARLY IN BLACK INK

1. The name of the proposed corporation is L. H. Transportation Services, Inc.
2. This corporation is a statutory close corporation, pursuant to Chapter 18, Title 33 of the 1976 South Carolina Code of Laws, as amended.

3. The initial registered office of the corporation is 655 Pamlico Court
Street Address
Myrtle Beach, Horry, South Carolina 29588
City County State Zip Code

and the initial registered agent at such address is Lawrence Hisko
Print Name

I hereby consent to the appointment as registered agent of the corporation *Lawrence Hisko*
Agent's Signature

4. The corporation is authorized to issue shares of stock as follows. Complete "a" or "b", whichever is applicable:

a. ☒ The corporation is authorized to issue a single class of shares, the total number of shares authorized is 10,000

b. ☐ The corporation is authorized to issue more than one class of shares:

Class of Shares	Authorized No. of Each Class
_____	_____
_____	_____
_____	_____

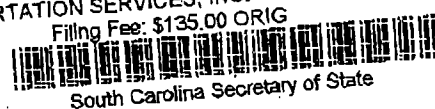
If shares are divided into two or more classes or if any class of shares is divided into series within a class, the relative rights, preferences, and limitations of the shares of each class, and of each series within a class, are as follows:

None.

5. The existence of the corporation shall begin as of the filing date with the Secretary of State unless a delayed date is indicated (See Section 33-1-230(b) of the 1976 South Carolina Code of Laws, as amended) None.

6. Unless specified otherwise below, the transfer of shares of stock of the corporation shall be subject to the restrictions set out in Sections 33-18-110 through 33-18-130 of the 1976 South Carolina Code of Laws, as amended. Specify any restriction 33-18-110 through 33-18-130.

090728-0182
L.H. TRANSPORTATION SERVICES, INC.
Filing Fee: \$135.00 ORIG



Mark Hammond

L. H. Transportation Services, Inc.

Name of Corporation

7. Unless otherwise specified below the corporation shall have a board of directors (See Sections 33-18-210 of the 1976 South Carolina Code of Laws, as amended).

☒ This corporation elects not to have a board of directors.

8. Check, if applicable.

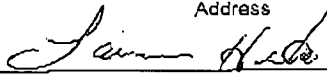
☐ This corporation elects to have the provisions of Sections 33-18-140 through 33-18-170 of the 1976 South Carolina Code of Laws, as amended, which give the estate of a deceased shareholder the right to compel the corporation to purchase the deceased shareholder's shares, apply.
Specify any variations in the statutory format in Sections 33-18-140 through 33-18-170.

None.

9. The optional provisions, which the corporation elects to include in the articles of incorporation, are as follows (See the applicable provisions of Sections 33-2-102, 33-18-330, 35-2-105, and 35-2-221 of the 1976 South Carolina Code of Laws, as amended).

S-Corporation Status

10. The name, address and signature of each incorporator is as follows (only one is required):

a. Lawrence Hisko
Name
655 Pamlico Court, Myrtle Beach, SC 29588
Address

Signature

b. _____
Name

Address

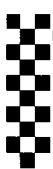
Signature

c. _____
Name

Address

Signature

11. I, John C. Thomas, an attorney licensed to practice in the State of South Carolina, certify that the corporation, to whose articles of incorporation this certificate is attached, has complied with the requirements of Chapter 2, Title 33 of the 1976 South Carolina Code of Laws, as amended, relating to the articles of incorporation.



LH TRANSPORTATION, INC/DBA DOCRIDE AND
GRAND STRAND SHUTTLE
368-A Jesse Street
Myrtle Beach, South Carolina
843-236-2500
Fax: 843-236-250
WWW.grandstrandshuttle.com
WWW.docride.com
Email: larryharleydog@aol.com

FAX

Attn: Docketing Department

Fax (803)896-5199

Pages: 15 incl. cover

Phone:

Date: 10/28/2009

Re: Package for Class C Non
Emergency Stretcher Van

cc:

Dear Ms. Schmieding,

Here is the completed package for Class C Stretcher Van Charter, including the original stamped Articles of Incorporation from the Secretary of State.

We will also be sending the docs by regular mail today and are requesting an **Expedited Review** from the board.

We have already applied for the ORS Certificate Decal with Ms. Chauvin.

Please advise when a docket number has been assigned.

Best regards,

Lawrence Hisko
President/Owner
(908)804-5123

RECEIVED

OCT 28 2009
PSC SC
DOCKETING DEPT.